
INSIGHT

Produced by the Iowa Department of Inspections and Appeals

September 2004

CNA Test Results Now Posted to Internet Web Site

Iowa community colleges will no longer send out written test results from nurse aide competency testing. Rather, the results will be posted to the Health Facilities Division's Internet web site. Posting results to the web site is not only quicker, but also reduces costs associated with mailing the results to nurse aides. Below are a few of the most common questions received by the Department regarding nurse aide competency test results and the corresponding answers:

Question: How will I know if I passed the written and skills test?

Answer: All nurse aide students will be given results of their skills test at the time of testing. Written test results will no longer be mailed to the student. Students can access the nurse aide registry to find out their registry status in a variety of ways.

Question: How will I know if I passed the written test when I check the registry?

Answer: An "active" nurse aide registry status indicates the successful completion of both the written AND skills test scores. Individual test scores will not be available from the registry.

A "test and training" status means that either

the scores have not been posted or the aide has not successfully completed the test. Students who have not successfully completed the community college written test will also receive a notice from the University of Iowa testing center on the areas not passed on the written test.

Question: How can I access the registry to check my status after the test?

Answer: Nurse aides can check their registry status after completing the written and skills tests by one of following methods:

- Calling the toll free number at 1-888-876-1997 to access the voice response system;
- Accessing the Health Facilities Division's web site at https://dia-hfd.iowa.gov/DIA_HFD/Home.do, clicking on the "DCW" link, and entering the requested information.

Question: When will the written and skills tests results be posted?

Answer: Final test scores will be posted to the registry approximately two weeks after the date of the written test. Students should wait at least two weeks before checking the web site or calling the voice response system.

2004 Elder Rights Conference Set For October 25-26 at Hotel Fort Des Moines

The Elder Right Conference, a two-day event packed full of information on advocacy to ensure the protection of Iowa's older citizens, will be held October 25-26 at the Hotel Fort Des Moines.

Wendy Lustbader, Seattle, Washington, offers clues and techniques for working with persons who self-neglect and hoard. Clive Kessler of the Ohio Attorney General's Office gives insight into consumer fraud victimization of seniors. These nationally recognized professionals provide in-

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Facilities Required to Maintain Incident Report Records

Health care facilities licensed under Iowa Code Chapter 135C are required to maintain incident report records covering all accidents or unusual occurrences. Intermediate care facilities for the mentally retarded must also maintain incident reports in order to meet federal certification requirements. The rules reflecting this requirement applying to nursing facilities and all classifications of residential care facilities are similar.

Iowa Administrative Code Chapter 58.15(4), pertaining to incident records, states the following:

- Each nursing facility shall maintain an incident record report and shall have available incident report forms.
- Report of incidents shall be in detail on a printed incident report form.
- The person in charge at the time of the incident shall prepare and sign the report.
- The report shall cover all accidents where there is apparent injury or where hidden injury may have occurred.
- The report shall cover all accidents or unusual occurrences within the facility or on the premises affecting residents, visitors, or employees.
- A copy of the incident report shall be kept on file in the facility.

It should be noted that in addition to incident report records, resident clinical records shall contain

documentation pertaining to unusual incidents or accidents.

Health facilities surveyors are authorized under Iowa Code section 135C.16(3) to ... “examine all records pertaining to the care provided residents of the facility.” Although surveyors may not routinely review all incident records, they are authorized to do so.

Nursing facilities should utilize their federally mandated Quality Assessment and Assurance Committee to identify and address quality issues, including systemic deficits contributing to incidents and accidents. The federal requirement does not obviate the requirement facilities maintain incident reports and make them available to surveyors according to the state licensure requirements. Facilities with questions about incident report records should contact their DIA program coordinator.

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Facilities Must Post Most Recent

Life Safety Code, Health Surveys

Long-term care facilities must allow residents to “examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.” The federal regulations, found at 42 CFR 483.10(g), also require facilities to make the results available for examination in a place readily accessible to residents, as well as post a notice of the surveys’ availability. The federal Centers for Medicare & Medicaid Services (CMS) recently clarified that facilities must post results from both the health and life safety code surveys.

CLIA Laboratory Certificate: Does Your Facility Need One?

By Nancy Grove, B.S., MT (ASCP)

Senior Laboratory Consultant

University of Iowa Hygienic Laboratory

Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), federal law [42 CFR 493] states that any laboratory or facility performing laboratory testing of human specimens for the purpose of providing information for the diagnosis, prevention or treatment of disease or impairment of, or the assessment of the health of, human beings is required to obtain a CLIA certificate and must meet certain requirements. The rule applies whether or not the facility bills Medicare, Medicaid, other insurance, the patient, or provides the service at no charge.

The type of CLIA certificate a facility must have depends on the type of testing the facility performs. Generally the type of testing performed by staff in nursing facilities, rehabilitation centers, or hospice care is classified as "waived" (e.g. glucose monitoring using a glucometer, fecal occult blood testing, urine dipstick testing, etc.). For facilities performing only waived testing, the type of certificate required is a Certificate of Waiver.

While the Iowa Department of Inspections and Appeals (DIA) facilitates and conducts health facility surveys in Iowa (e.g. long-term care facilities

and hospitals) DIA has contracted for more than 35 years with the University of Iowa Hygienic Laboratory (UHL) to perform the clinical laboratory surveys. In October 2002, UHL assumed administrative oversight responsibilities for the Iowa CLIA program, in addition to conducting CLIA laboratory surveys. UHL is now listed on the Centers for Medicare & Medicaid Services (CMS) web site (www.cms.hhs.gov/clia) as the State Survey Agency (SSA) for the Iowa CLIA Program. If you contact DIA about the CLIA program, you will be given the UHL phone number and contact person. If you have any CLIA-related questions, please contact the laboratory consultants, Nancy Grove or Kristine Rotzoll, by phone at (319) 335-4500 or 1-800-421-IOWA, or fax at (319) 335-4555. E-mail can be sent to the laboratory consultants at the following addresses: ngrove@uhl.uiowa.edu or krotzoll@uhl.uiowa.edu.

To obtain a CLIA certificate, facilities must complete an application form (CMS-116), which can be obtained from the CLIA web site (www.cms.hhs.gov/clia) or by contacting the UHL laboratory consultants. The fee for a Certificate of Waiver is \$150 every two years.

To make changes to your CLIA certificate, the federal regulations require that a facility with a Certificate of Waiver notify its SSA in writing within 30 days of any change(s) in ownership, name, location or laboratory director.

CLIA applications and notifications may be submitted by mail, fax (319/335-4555), or e-mail (ngrove@uhl.uiowa.edu or krotzoll@uhl.uiowa.edu). The mail address for notifications is:

Iowa CLIA Laboratory Program
University of Iowa Hygienic Laboratory
102 Oakdale Campus, H101 OH
Iowa City, IA 52242

So to answer the question, "Does your facility need a CLIA certificate?". If your facility is performing laboratory testing, even if it is only an occasional finger-stick glucose test for a resident or client, the facility is considered a laboratory and is required by federal regulations to have the appropriate CLIA certificate.

Internet Resource for

Long-Term Care Surveyors, Providers

The federal Centers for Medicare & Medicaid Services (CMS) has launched a new web site that provides summaries of nationally-accepted clinical and professional standards for long-term care. The web site, "Sharing Innovations in Quality Repository of Clinical Standards and Guidelines," was developed by the American Institutes of Research (AIR). The Institute searched through thousands of guidelines that would be most useful to long-term care surveyors and providers. New information will be added periodically after evaluation by CMS and the Institute. The web site can be accessed at the following address: www.cms.hhs.gov/medicaid/survey-cert/siqhome.asp.

Quality Care Awards Presented to Seven Facilities

Seven Iowa long-term care facilities were recently presented with a Governor's Award for Quality Care in Health Care Facilities. The presentations were made at this year's Annual Governor's Conference on Aging held in West Des Moines. Iowa Department of Inspections and Appeals (DIA) Director Steve Young made the announcements on behalf of Governor Tom Vilsack. Selected to receive this year's Quality Care awards were:

- Colonial Manor of Anita, a 53-bed nursing facility in Anita;
- Ramsey Home, a 78-bed nursing facility in Des Moines;
- Manning Regional Healthcare Center, a 58-bed hospital-based nursing facility in Manning;
- Country View Manor, a 62-bed nursing facility in Sibley;
- Manor House Care Center, an 80-bed nursing facility in Sigourney;
- Woodland Terrace, a 130-bed nursing facility in Waverly; and
- Sunrise Terrace Care Center, a 58-bed nursing facility in Winfield.

"These facilities represent some of the best long-term care facilities in our state," Director Young said. "They were nominated by individuals who, on a daily basis, recognize the quality of care being provided to the residents. Each facility is to be congratulated for surpassing the Department's benchmark for quality."

This year's recipients of the Governor's Award for Quality Care were selected from a field of 16 nominated facilities. Each nominated facility was evaluated by an advisory committee and scored according to predetermined criteria, including the uniqueness of programs and services, replicability of programs and services, resources required to provide quality care or services, the resident's quality of life, and the facility's history of compliance. DIA staff conducted on-site visits to verify each facility's eligibility for the Governor's Award.

"Thousands of Iowans receive compassionate

Pictured below and continued on page 15 are representatives from each winning facility with DIA Director Steve Young.



Colonial Manor of Anita
Anita



Ramsey Home
Des Moines



Manning Regional Healthcare Center
Manning

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Paid Nutritional Assistant Rules Become Effective

New administrative rules permitting the use of Paid Nutritional Assistants took effect on May 5th. The rules mirror federal regulations allowing nursing facilities to use individuals trained to feed nursing home residents.

The Department's rules permit long-term care facilities and other entities to provide an eight-hour curriculum to train individuals to assist with feeding residents in nursing homes with certain restrictions. All training programs must be pre-approved by the Department, and must meet the following requirements:

Approved Curriculum

The Department-approved training program for paid nutritional assistants must include, at a minimum, eight hours of training in the following areas:

- Feeding techniques.
- Assistance with feeding and hydration.
- Communication and interpersonal skills.
- Appropriate responses to resident behavior.
- Safety and emergency procedures, including the Heimlich maneuver.
- Infection control.
- Resident rights.
- Recognizing changes in residents that are inconsistent with their normal behavior and reporting these changes to the supervisory nurse.

Facilities and other entities should send their training curriculums to Karen Zaabel. Information about programs already approved by the Department can be obtained by contacting Zaabel at (515) 242-5991, or by e-mail at kzaabel@dia.state.ia.us.

Training Hours and Instructors

Training must include at least four hours of classroom study, two hours of supervised laboratory work, and two hours of supervised clinical experience. The instructor shall be a registered nurse and can include other qualified health care professionals. The ratio of students to instructor shall not exceed 10-to-one in the clinical setting.

Competency

Each individual enrolled in a paid nutritional assistant training program shall complete a 50-question multiple choice written test and must ob-

tain a score of 80 percent or higher. In addition, the individual must successfully perform the feeding of a resident in a clinical setting. A registered nurse shall conduct the final competency determination.

If an individual does not pass either the written test or competency demonstration, the individual may retest the failed portion a second time. If the individual does not pass either the written test or competency demonstration portion the second time, the individual shall not be allowed to retest.

Program Administration

A facility or other institution offering a paid nutritional assistant training program must provide the following information about the training program to the Department before offering the program or teaching paid nutritional assistants:

- Policies and procedures for program administration.
- Qualifications of the instructors.
- Maintenance of program records, including attendance records.
- Criteria for determining competency.
- Program costs and refund policies.
- Lesson plans, including the objectives to be taught, skills demonstrations, assignments, quizzes, and classroom, laboratory and clinical hours.

A facility shall maintain a record of all individuals who have successfully completed the required training program and are used by the facility as paid nutritional assistants.

Upon successful completion of the training program, the facility or other institution providing the training shall, within 10 calendar days, provide the individual with a signed and dated certificate of completion. A facility that employs paid nutritional assistants shall maintain on file copies of the completed certificate and skills checklist for each individual who has successfully completed the training program.

Working restrictions

A paid nutritional assistant must work under the supervision of a registered nurse or a licensed practical nurse. In an emergency, a paid nutritional as-

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The Abbey Reopens With Conditional License, New Ownership

A Des Moines area nursing facility whose operation was suspended by the Iowa Department of Inspections and Appeals (DIA) this spring will be permitted to reopen under new ownership pursuant to the terms of a consent order negotiated by the Department and agreed to by the facility's new ownership. The consent order addresses all issues pending at The Abbey at the time DIA suspended its license to operate a nursing facility.

"The Department recognizes the special needs of the community and the residents and families adversely impacted by the suspension of The Abbey's license and removal of the residents," DIA Director Steve Young said. "We also recognize the mutual interests in ensuring the safe and orderly transition to operation."

Under the conditions of the consent order, The Abbey will be permitted to reopen and operate under tightly monitored parameters, including limitations on the number of residents that can be admitted, Director Young explained. Nearly 40 residents were removed from The Abbey on April 2, 2004, after the Department determined that the residents were in immediate jeopardy of harm or injury.

The consent order lays out very specific conditions The Abbey must follow in order to regain and retain its license to operate a nursing facility. Among the conditions placed on The Abbey's reopening are:

- The facility's previous owner and administrator, Dennis Olson, must never have any ownership interest, legal, equitable or otherwise in the operation of the new facility.
- The Abbey must complete and submit all forms necessary to reflect the change of ownership and must also disclose all persons with any interest in the new operation.
- The Abbey must pay all applicable state or federal fines imposed as a result of previous enforcement actions against the facility.
- The facility also will be subject to numerous conditions on its operation, including DIA approval of its management staff and random, unannounced state inspections.

Upon receipt and approval of the change of

ownership, the Department will issue a conditional license to The Abbey for the admission of not more than 20 residents. The conditional license will be valid for a period of 120 days, during which time the nursing facility may file an application to be certified for the Medicare and Medicaid programs.

During the initial days of operation, The Abbey will be subject to random monitoring by the Department in order to verify that all the problems that triggered the enforcement actions have been corrected.

"The facility must be able to prove that it can operate within substantial compliance with all state and federal rules and regulations before the Department will place The Abbey on a 60-day reasonable assurance period for federal certification purposes," the Director explained. If the facility is able to continue operating in substantial compliance with state and federal law requirements, the conditional license will be extended for another 120 days and modified to allow The Abbey to admit up to 40 additional residents. A full, unconditional license may be issued to the facility following the successful completion of the second 120-day period.

"Be assured, however, that DIA will be very diligent in its monitoring of The Abbey's operation to assure the residents are receiving the appropriate level of care in a safe and secure environment," Director Young concluded.

Audit Reminder

Auditors with the Department's Investigations Division remind facility administrators that residents may choose to spend their personal funds on items of personal care, such as professional beauty or barber services, but the facility shall not require this expenditure and shall not routinely obligate residents to any use of their personal funds. The Department of Human Services' (DHS) rule pertaining to "Supplementation" can be found at 441 IAC 81.10(5). DIA auditors are responsible for enforcing financial accountability in nursing facilities that receive state assistance for resident care.

Adult Services Bureau Faces New Rules, New Challenges

Iowa currently has 191 certified assisted living programs, 10 elder group homes and 36 conditionally certified adult day care programs. The Department's Adult Services Bureau (ASB) oversees the certification and regulation of these programs as well as investigating complaints. The Department of Elder Affairs is the rule making authority.

New rules went into effect on May 19, 2004, for assisted living programs and adult day services. Prior to May 19, there was no regulatory oversight for adult day services in Iowa. The intent of the rules governing adult day services is to promote and encourage adequate and safe care for adults

with functional impairments. The Bureau anticipates a busy time ahead assisting providers with the certification process.

Ann Martin, Bureau Chief, has provided training regarding the new regulations to all three trade associations and conducted a management class for Iowa Center for Assisted Living (ICAL). All of the Bureau's central office staff has been fielding numerous telephone calls related to the change in rules, and the ASB's Certification Coordinators have updated application materials and report templates.

To assist with the increased workload, two full-time staff members have recently been hired as program monitors. These individuals will cover the western half and eastern half of the state, respectively. In addition to these positions, the Bureau has added nine temporary program monitor positions. These monitors will be primarily responsible for complaint investigations.

For additional information regarding the new regulations or any issue related to assisted living, adult day services or elder group homes, call the Bureau and ask to speak with one of the Certification Coordinators:

- Annette Barnard, Eastern Iowa Coordinator, (515) 281-4116
- Audrey Carlson, Central Iowa Coordinator, (515) 281-5003
- Tamara Halvorson, Western Iowa Coordinator, (515) 281-5721

Health Facilities News Briefs

Revised Nurse Aide Curriculum Now Available

The revised 75-hour nurse aide curriculum used by community colleges and facilities is now available for purchase. The Iowa curriculum is revised annually by a statewide committee to assure the content is current and meets the training needs of nurse aides employed in long-term care settings. Facilities using the training curriculum are expected to obtain and use the 2004 revision.

Nurse aide training programs using the Iowa Curriculum should contact Anita Stineman at the University of Iowa to obtain the 2004 version. Cost of the curriculum is \$25 per copy. Stineman can be contacted by telephone at (319) 335-5474, or by e-mail at anita-stineman@uiowa.edu. Mail should be addressed to Certification Center, ATTN: Anita Stineman, 50 Newton Road, Iowa City, Iowa 52242.

Protection of Resident Data

The federal Conditions of Participation (CoP) require facilities to protect the privacy of all resident data. This protection extends to not only medical records but to all information stored on computers and portable storage units, such as discs. Providers should have strict policies in place for maintaining the security of resident data no matter where or how it is stored.

Rules Permit Use of Nutritional Assistants

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stant must call a supervisory nurse for assistance.

A facility must ensure that a paid nutritional assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube, parenteral or intravenous feedings. The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.

Number of Hospitals Reporting Quality of Care Data Increases

Hospital participation in the National Voluntary Hospital Reporting Initiative (NVHRI) is booming as the Centers for Medicare & Medicaid Services (CMS) posts its second web site refresh of hospital quality of care data, CMS Administrator Mark B. McClellan, M.D., Ph.D., announced recently.

"We commend those early hospitals who showed the way by voluntarily reporting the quality data that we hope all hospitals will provide in the future," McClellan said. "This initiative will continue to improve in the coming years, with additional measures to be published on our consumer web site, www.medicare.gov."

Data from the National Voluntary Hospital Reporting Initiative (NVHRI) is posted on the CMS website, www.cms.gov.

There are now 3,449 hospitals registered to publicly report quality data under the initiative, compared to 2,727 when the web postings were last updated in February.

Among the hospitals currently reporting quality information, 1,952 hospitals will publicly report data on at least one of the 10 quality measures included in the initiative, up from 1,407 in February. Additionally, 647 hospitals will report at least one measure on all three clinical conditions covered by the initiative, compared to 492 in February, and 227 will report on all 10 measures.

25 Percent of Hospitals Meeting MMA Provisions

This high level of participation indicates that approximately 25 percent of the almost 4,000 hospitals now paid under Medicare's prospective payment system (PPS) already have demonstrated that they can meet the reporting provisions of the Medicare Modernization Act of 2003 (MMA). There are now 1,034 eligible hospitals voluntarily submitting data that meets the MMA standard.

MMA does not require PPS hospitals to report quality data, but those inpatient acute care hospitals that do not report will receive a 0.4 percentage point reduction in the market basket update on which Medicare payments are based for fiscal year 2005. In order to get the full update, they must begin reporting by July 1, 2004.

The NVHRI was launched in December 2002, and the first data was published in October 2003. It is a public-private collaboration that provides hospital performance information to the public. The American Hospital Association, the Federation of American Hospitals, the Association of American Medical Colleges, and the Federation of American Hospitals are working closely with CMS and the initiative's other partners, including HHS' Agency for Healthcare Research and Quality, to implement this national public reporting initiative.

"There is a lot of work yet to be done, but we are making great progress toward having all hospitals report voluntarily on the quality of their care," McClellan said. "Patients will be able to use this information to pick the right hospital for their needs, ultimately improving health care for everyone."

The latest quality information is available at www.cms.hhs.gov/quality/hospital.

2004 Elder Rights Conference Topic: 'Our Community Cares'

(Continued from page 1)

sight on how to protect and assist vulnerable adults.

Twenty-one workshops offering informational updates on elder and dependent adult abuse, train-the-trainer certification for adult mandatory reporter training, public benefits, legal issues, law enforcement, community action and financial planning will be offered during the two-day conference. Continuing Education Units (CEUs) will be granted for many sessions.

Interested persons may obtain registration information by contacting Carolyn Danielson, Events Coordinator, Iowa Department of Elder Affairs, 200 Tenth Street, Third Floor, Des Moines, IA 50309, or calling (515) 242-3318 or 1-800-532-3213.

The conference brochure will be available September 1, 2004, on the Iowa Department of Elder Affairs (DEA) web site at <http://www.state.ia.us/elderaffairs>. Click on "Conferences and Workshops".

Reducing the Number of Licensed or Certified Nursing Facility Beds

The following information clarifies the process used to reduce the number of licensed or certified beds in nursing facilities and skilled nursing facilities. The first requirement is that you submit a written request to your program coordinator at least 30 days in advance of the planned bed reduction. The following information must be included in your written request:

1. The number of licensed or certified beds to be reduced.
2. The effective date of the reduction, which must be at least 30 days from the date of the notification.
3. A schematic floor plan of the facility identifying the room number(s) where the remaining licensed or certified beds will be located – this assures that “distinct part” requirements are maintained.

In addition to notifying the Health Facilities Division, you must also inform the Department of Public Health’s (IDPH) Certificate of Need Program (CoN) of the planned reduction in the number of beds. The Certificate of Need Program can be contacted by telephone at (515) 281-4344.

After the written request and supporting documentation have been reviewed and approved by the Health Facilities Division, a new license will be issued indicating the smaller number of beds in the facility. A copy of the cover letter accompanying the new license will be sent to the CoN Program notifying staff of the action taken by DIA. If the CoN Program does not have a “bed reduction” form on file for your facility, you will be contacted.

Drugs and Other Medical Products

The United States Food and Drug Administration (FDA) maintains an Internet web site with up-to-date safety information on drugs and other medical products regulated by the federal government. MedWatch is the FDA’s safety information and adverse event reporting program. For information on safety notices and recalls, go to the FDA’s MedWatch web site at www.fda.gov/medwatch/.

Should the reduction in the number of licensed beds also have an impact on the number certified beds in the facility, a certification and transmittal form will be completed and sent to the Department of Human Services (DHS) for Medicaid-certified beds and/or to the Kansas City Regional Office of the Centers for Medicare & Medicaid Services (CMS) for Medicare-certified beds.

Facility administrators need to be aware that once the number of licensed beds has been reduced, a Certificate of Need will have to be obtained before the number of beds can be increase.

If you are just decertifying beds from participation in the Medicare and/or Medicaid Programs (but retaining all licensed beds), submit a written request to the Program Coordinator at least 45 days in advance of the desired reduction date. The request must contain the following information:

1. The number of beds being decertified.
2. The desired effective date, which must be at least 45 days from the date of the notice.
3. A schematic floor plan of the facility that identifies the room number(s) where all the certified beds will be located to assure “distinct part” requirements are preserved.

After the request and supporting documentation are reviewed and approved by the program coordinator, a cover letter indicating the approved action will be sent to the facility. After being approved by DIA, a certification and transmittal form will be completed and sent to DHS for Medicaid beds and/or the CMS regional office for Medicare beds.

Long-term care facilities may only decertify beds twice in a cost-reporting year. Additionally, a facility can only do one (1) increase and one (1) decrease, or two (2) increases in a cost-reporting year. Facilities may not do two (2) decreases in the same cost-reporting year. Adjustments to a facility’s number of certified beds may only occur on the first day of the start of a cost-reporting year or the first day of a cost-reporting quarter within a cost-reporting year.

Questions about reducing the number of licensed or certified beds should be directed to the appropriate DIA program coordinator.

John Bellon Named Health Facilities 'Surveyor of the Year'

Health Facilities surveyor John Bellon was selected by his coworkers as DIA's 'Health Facilities Surveyor of the Year' for 2004. Bellon, a 16-year veteran of state employment, has spent the past six years as a surveyor in the Health Facilities Division's Habilitation Bureau. Prior to joining DIA, he was the chief of security at the Woodward Resource Center for 10 years. While at Woodward, Bellon served on the center's quality improvement team to insure regulatory compliance. His previous experience was with the Highland, Indiana, Police Department.

Due to his background, Bellon brought a very unique and different perspective to the survey process. "John has outstanding fact-finding and investigative skills, which in all ways make him an excellent surveyor," Habilitation Bureau Chief Larry Lindblom wrote. "He is completely thorough in conducting surveys, complaint investigations, or abuse investigations. His skills are a great asset to the bureau and his team members."

Bellon's conduct has always been highly ethical and professional. He receives positive feedback about his skills and professionalism from providers and coworkers alike, Lindblom continued. "He adapts very well to change, and readily accepts and volunteers for special assignments. An efficient and hard working individual, John works well with investigators outside of the Health Facilities Division. In fact, one of the investigations in which he assisted resulted in a rape conviction involving the sexual abuse of a profoundly retarded woman."

Bellon's coworkers note that he is quick to



Surveyor of the Year - Health Facilities Division Administrator Marvin Tooman (left) presents John Bellon (right) with a certificate recognizing him as DIA's Health Facilities Surveyor of the Year. Bellon has been a surveyor in the Habilitation Bureau for the past six year.

master new skills and is always willing to share his experience and assist others in any possible way. "He is an excellent decision maker and his writing abilities are outstanding," a colleague noted. "John can always be counted on to give 100 percent. He is a man of few words but when he speaks people listen."

Lindblom noted that another coworker referred to Bellon as an "all around good guy whose demeanor and work ethic would certainly exemplify a 'Surveyor of the Year.' I think John is an excellent choice for this recognition."

Upcoming Satellite, Web Cast Programs

CMS, in cooperation with the Data Assessment and Evaluation (DAVE) project team, will present a program on Minimum Data Set (MDS) coding on the date below. The program addresses the top five most common errors in the MDS sections.

- RAI/MDS Coding October 29, 2004

Clingan Takes Over LTC Area III

Vickie Clingan has assumed the duties of Long-Term Care Program Coordinator for Area III, which represents the east-central portion of the state. Clingan assumed the coordinator's duties following the resignation of Marcia DeMoss. Area III includes the following Iowa counties: Buchanan, Delaware, Dubuque, Tama, Benton, Linn, Jones, Jackson, Poweshiek, Iowa, Johnson, Cedar, Clinton and Scott. In addition, Clingan will be responsible for the following Polk County facilities: Fountain West Health Center, The Abbey, Calvin Community, Ramsey Home and Karen Acres.

CMS' State Operations Manual Is Now Internet-Based

As part of the Centers for Medicare & Medicaid Services' (CMS) initiative to update and place all manuals on the Internet, the State Operations Manual (SOM) has been converted from a paper-based manual to an Internet-based manual. Pub. 100-07, State Operation Manual, is a new CMS manual that replaces the current paper-based SOM, Pub. 7. It is an Internet-only manual and may be accessed at the CMS web site: <http://www.cms.hhs.gov/manuals/>.

CMS contracted with a private vendor to complete the conversion process for the SOM. As part of the initial conversion process, the paper document was scanned into electronic form and was converted into a straight Microsoft Word document from its previous format in Microsoft Word for TIMS. The layout and design for the manual text will be similar to the paper-based manual but includes cleared updates, including incorporation of survey and certification letters through December 30, 2003. Survey and certification letters published after December 30, 2003, have not been incorporated into this manual and are considered current policy. The newer letters will be incorporated in future revisions. The final version includes hyperlinks to the exhibits and appendices referenced in the manual text.

The layout and design of the appendices also

were changed from landscape to portrait and are no longer formatted into columns. This change was necessary to accommodate the agency's web-based manual design. One benefit of the layout change is that the documents are smaller and can be downloaded to a palm pilot, or similar electronic device with sufficient memory. Finally, the exhibits section of the manual was updated and old forms deleted. The following appendices changes have been made in the updated Internet manual:

- Revision to Appendix A — Interpretive Guidelines for Hospitals, which includes newly developed standardized Hospital Survey Protocol;
- Revision to Appendix W — Interpretive Guidelines for Critical Access Hospitals, which includes newly developed standardized Critical Access Survey Protocol;
- Revision to Appendix L — Interpretive Guidelines for Life Safety Code;
- Revision to Appendix V — Interpretive Guidelines for EMTALA;
- Revision to Appendix C — Interpretive Guidelines for Laboratories;
- Revision to Appendix B — Interpretive Guidelines for Home Health Agencies;
- Revision to Appendix M — Interpretive Guidelines for Hospices;
- Deletion of Appendix F — Survey Procedures for the Application of Conditions of Participation for Physical Therapists in Independent Practice;
- Deletion of Appendix N — Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities;
- Deletion of Appendix S — Interpretive Guidelines for Screening Mammography.

The National Technical Information Service (NTIS) is continuing production of a paper-based manual version of the new material. For information concerning purchasing this manual contact NTIS at 1-800-363-2068. In addition, CD-ROM versions, with subscription updates, may be purchased from NTIS or the Government Printing Office (GPO) at 202-512-1800.

Upcoming Beginning RAI, Care Planning Classes

A RAI Beginners Class will be held Oct. 6 at the Des Moines Area Community College, Ankeny, beginning at 8:30 a.m. Karen Zaabel, RN, RAI Coordinator, will teach the basics of the RAI. Students MUST bring a copy of the RAI manual with the current revisions to the class. DMACC instructors will complement the RAI training by providing a class on basic care planning on Oct. 7, beginning at 8:30 a.m.

For registration details for this class, contact DMACC registration at 1-800-342-0033 or (515) 964-6800. The RAI class is HLTH 968 CRN # 13764, and the Basic Care class is AHCE 907 CRN 13753.

CMS Courses Available by Satellite or Web Cast

The Centers for Medicare & Medicaid Services (CMS) broadcasts a variety of programs each year via satellite. These programs are also available pm web cast for a year after the satellite broadcast. Anyone with a computer with a modem speed of 28.8 Kbps or greater can watch the courses. Course registration and computer system requirements can be found on CMS' Survey & Certification Online Course Delivery System at the following web address: <http://cms.internetstreaming.com/>.

If your facility has access to satellite technology, the broadcast can be down-linked at no charge. Some community colleges also offer the programs on their campuses.

CMS recently completed a two-part series on dementia, which is an excellent training resource for both facility staffs and health facilities surveyors.

Some of the courses currently available for on-line viewing include:

- Investigative Findings
- Forensic Wound Identification
- Basic Medication in ICF/MR
- Treatment Modalities for the Management of Inappropriate Behaviors in Elderly NH Residents
- Falls Prevention
- How People with Severe Disabilities Learn
- Basic Medications in Nursing Homes
- Alzheimer's and Related Dementia Part 1
- Hydration
- Alzheimer's and Related Dementia Part 2
- Wound Care (HHA)
- Diabetes
- Pain Management
- Pressure Ulcers

Facilities Required to Have Surety Bond If Managing Resident Funds

One of the Medicare/Medicaid requirements for a facility managing residents' funds is that the facility must have a surety bond or otherwise ensure the security of all residents' personal funds deposited with the facility.

The purpose of a surety bond is to guarantee that a facility be able to compensate residents for any loss of funds that it manages. The requirements for protection of resident funds held, safeguarded, managed or accounted for by certified long-term care facilities can be found at 42 C.F.R. Part 483.10(c)(3)-(8).

A March 2002 *INSIGHT* article on surety bonds was in error regarding bonds for funds held in non-interest bearing accounts. A surety bond is needed for any money held, safeguarded, managed or accounted for by a long-term care facility regardless of whether the account is interest bearing or non-interest bearing.

Survey and Certification letter 04-17, dated January 8, 2004, addresses the need for a surety bond to cover monies collected for a deposit fee or promissory note from an individual whose stay is NOT covered by Medicare or Medicaid.

To read the letter "Clarification on Nursing Homes Requiring Promissory Notes or Deposit Fees as a Condition of Admission, and Implications Related to Surety Bonds" go to CMS's web site, "Guidance to State Survey Agency Directors," (<http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>) and scroll through the list of letters to find S&C 04-17.

The Centers for Medicare & Medicaid Services (CMS) has released the revised 2002 Resident Assessment Instrument (RAI) and Swing-Bed users manuals. Both manuals contain clarifications on coding issues. Minimum Data Set (MDS) coordinators must have these revised manuals to assure accurate coding of the instruments. The most recent clarifications are dated April 2004 and June 2004. The manuals are available online at the following web site addresses:

RAI Manual: <http://www.cms.hhs.gov/quality/mds20/>

Swing Bed Users Manual: http://www.cms.hhs.gov/providers/snfpps/snfpps_swingbed.asp

In-Home Dialysis and the Long-Term Care Survey Process

The Centers for Medicare & Medicaid Services (CMS) recognizes that many residents in long-term care facilities would prefer the convenience of receiving dialysis in the facility. While regulations do not prohibit this practice, certain safeguards and coordination of services must be in place between the Medicare-approved facility providing the dialysis in the facility setting and the resident's long-term care facility.

CMS Survey and Certification letter 04-24 provides guidance to clarify the applicable certification requirements and approved processes for Medicare-certified End-Stage Renal Disease (ESRD) facilities, and specify the conditions under which home dialysis and training may be provided. Additionally, the CMS letter augments surveyor guidance to ensure that there is coordination of care, with defined lines of accountability and responsibility for quality safeguards for ESRD facilities providing home dialysis and training for LTC patients.

The following information focuses primarily on the changes in the entrance conference for long-term care facilities to determine the provision of

home dialysis in the facilities. For additional information, please refer to Survey and Certification letter 04-24, which can be accessed on the CMS web site at the following URL: <http://www.cms.hhs.gov/medicaid/survey-cert/sc0424.pdf>.

Accountability

The provision of home dialysis in the long-term care facility is the responsibility of a certified ESRD facility. The facility is responsible for the delivery of care and services to residents before transferring to the ESRD facility or onsite team and after the resident has received dialysis and is assessed as stable for transfer back to the long-term care facility. The facility and ESRD facility must have a coordination agreement that clearly outlines responsibility and accountability.

Entrance Conference

The survey team will ascertain upon entrance to the long-term care facility if the facility is:

- An approved ESRD provider that has a designated facility area that is Medicare approved as an ESRD provider and/or has home dialysis onsite. If home dialysis occurs onsite, the surveyor should identify this as an area of concern.
- Ask the facility if there are residents who are receiving home dialysis from an offsite ESRD provider.
- Ask the administrator how the care is coordinated for residents who receive dialysis and review written contract, policies, procedures and plan of care as describe in State Operations Manual, Appendix P — Survey Protocols for the Long-Term Care Survey.
- Notify the State agency ESRD survey team that dialysis is being provided within this facility.

Long-term care surveyors will continue to survey the facility with existing regulations for all residents who receive dialysis whether in an outpatient treatment setting or onsite in the facility. If during the survey, family, residents, or staff voice concerns about the provision of home dialysis, the health facilities surveyors will defer to an ESRD survey team to investigate the complaint.

DAVE/MDS Accuracy Expands to National Scope

The Data Assessment and Verification (DAVE) Project was developed by the Centers for Medicare & Medicaid Services (CMS) to assess the accuracy and reliability of assessment data submitted by nursing facilities and skilled nursing facilities. DAVE is also intended to support improvements in quality care, support CMS' program integrity initiatives to improve payment accuracy, and support the development of payment policies.

DAVE staff is currently in the process of developing training materials on the most common coding discrepancies. CMS also plans to produce periodic newsletters, web casts, and tip sheets, as well as satellite programs scheduled for broadcast on October 29, 2004, and in the spring of 2005.

Governor Announces Tool for Recruiting, Retaining Nurses

DES MOINES, IOWA - Governor Tom Vilsack and Lt. Governor Sally Pederson announced with the Iowa Student Loan Liquidity Corporation a tool for recruiting and retaining registered nurses and nursing educators in Iowa. The Nursing Education Loan Repayment Program will help address Iowa's nursing shortage by repaying the student loans of nursing professionals agreeing to work in Iowa upon graduation.

"This program will have a real impact on the quality of life in this state, especially as our population ages," Lt. Governor Pederson said. "Nurses are the foundation of our health care system and this is a proactive step toward keeping them in Iowa."

Depending on the registered nurse's work location and length of employment, the amount of debt repayment will be between \$750 and \$15,000. Those working in long-term care facilities throughout the state and in designated rural counties will see the most benefit, especially if they remain in those jobs for the entire four years specified by the program. Health professionals who agree to work as nurse educators at Iowa colleges could have up to \$20,000 of their debt repaid. Iowa Student Loan will repay as much as \$8 million in student loans under the program, which is funded by lower cost tax-exempt bonds, and through the receipt of government subsidies on its student loans.

"I commend Iowa Student Loan and all the nursing and education professionals who worked on this program for giving nurses another reason to stay in our great state," Vilsack said. "Addressing our nursing shortage will not only help maintain the quality of our health care facilities, it will also help us hold on to the folks we're educating."

Those eligible for the loan repayment program must graduate from an accredited Iowa university, college or similar institution and be employed full-time as a nursing educator or registered nurse in Iowa within 12 months of graduation. Participating nurses must pass the National Council Licensing

Examination for Registered Nurses.

"This program fits with Iowa Student Loan's nonprofit mission, which is to help Iowans, particularly those with student loans," Iowa Student Loan CEO Steve McCullough said. "It's great that we can bring our resources to bear on an issue of such importance to our state."

'Nurses are the foundation of our health care system and this is a proactive step toward keeping them in Iowa.'

Lt. Governor Sally Pederson

According to the Iowa Department of Public Health (IDPH), 60 percent of actively licensed nurses will be over

50 years of age and may be retired by 2009 and a fall 2000 survey of nursing education programs showed nearly half of the current faculty planned to retire within 10 years. Additionally, between 1993 and 1999, admissions to registered nursing education programs declined 40 percent and graduations declined 27 percent.

The Iowa College Student Aid Commission will help administer the program, which was designed with input from the Iowa Nurses Association, the Iowa Council on Nurses, the Iowa Hospital Association, the Iowa board of Nursing, the Iowa Department of Public Health and its Center for Health Care Workforce Planning.

"This program is exactly what our studies indicate is needed to begin to address a critical shortage of nurses in Iowa," said Eileen Gloor, executive director of the Center for Health Care Workforce Planning.

Iowa Student Loan is Iowa's designated not-for-profit secondary market for student loans. Its mission is to help students obtain the financial resources necessary to obtain a post-secondary education. It does this by partnering with more than 300 lenders across the state and colleges throughout the United States. Currently, Iowa Student Loan owns and collects more than \$1.1 billion in students loans made to more than 133,000 borrowers. More information can be found on the Iowa Student Loan's web site at <http://www.studentloan.org/NursingRepaymentPage.htm>.

Seven Facilities Recognized as ‘Providers of Quality Care’

(Continued from page 4)

care in our state’s long-term care facilities. Too often, however, these facilities, their staff, and the quality service they provide go unnoticed by the general public,” Young explained. “The Quality Care Award program, established by Governor Vilsack in 1999, recognizes long-term care providers that demonstrate provision of the highest quality of care to their residents.” Since the first awards were

presented in 2001, a total of 23 facilities have received a Governor’s Award.

“Governor Vilsack and Lt. Governor Sally Pederson have made quality health care a priority of their administration,” Young continued, adding: “One of the best ways to promote quality care is to recognize and encourage it. Today’s honorees all provide a level of care and service to their residents worthy of this recognition.”



Country View Manor
Sibley



Woodland Terrace
Waverly



Manor House Care Center
Sigourney



Sunrise Terrace Care Center
Winfield

District Court Upholds Director's Review of Discharge Case

The Polk County District Court has upheld DIA Director Steve Young's review of a contested case hearing involving the involuntary discharge of a resident from Westminster House II, a residential care facility in Des Moines. Director Young reversed the decision of an administrative law judge who earlier ruled that Westminster House acted incorrectly when it issued the notice of involuntary discharge.

The case stems from an April 2003 incident in which Westminster gave a resident written notice of its intent to discharge him from the facility because of the resident's aggressive behavior and failure to comply with his/her treatment plan. In its notice, Westminster House explained the resident's right to appeal the discharge, which did occur. In the hearing notice, the issue for hearing was described as "whether the involuntary discharge/transfer decision was correct. The administrative law judge ruled that Westminster's action was incorrect and reversed the involuntary discharge.

The facility appealed the ALJ's decision to Director Young who reversed the administrative law judge, with his decision becoming final agency action. The resident then sought judicial review of the director's decision in the Iowa District Court for Polk County.

Polk County District Court Judge Douglas Staskal heard arguments in the case on February 26, 2004. On April 5, 2004, Judge Staskal affirmed Director Young's decision. In his argument before the court, the resident's attorney stated the issue under review was: "Whether a facility can discharge a resident from a licensed residential care facility without developing a plan for the orderly and safe discharge of the resident." The resident's position was that a facility must do so within 48 hours after issuing a notice of discharge.

Director Young held that Westminster had sufficient justification for discharging the resident and that a facility is required to develop a discharge plan before the resident is actually discharged – not before the notice of discharge is given. On this point, Judge Staskal agreed with the Director.

Judge Staskal also agreed that there was

"substantial evidence" to support the facility's decision to discharge the resident on the ground that he was a danger to himself and others. As to whether a discharge plan must be prepared when a notice of discharge is presented, the Judge cited the following state rule:

"The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be discharged or transferred." [481 IAC 57.36(1)"1"(2)]

"This rule does not require the preparation of a discharge plan at any particular time other than before the patient is actually discharge," Judge Staskal wrote. "There is no evidence that the Petitioner was actually discharged or transferred from Westminster before a discharge plan was prepared. In fact, the evidence indicates that even as of the date of the hearing, which was after the expiration of the thirty days following the notice of discharge, no other suitable placement for the Petitioner had been found and he continued to reside at Westminster."

Office of Inspector General Reports Available Online

The mission of the Office of the Inspector General (OIG) is to protect the integrity of Department of Health and Human Services (DHHS) programs, as well as the health and safety of beneficiaries served by those programs. The OIG's statutory mission is carried out by audits, investigations, and inspections. Recently the OIG has issued several reports that may be of interest to health care providers, including:

Nurse Aide Training (OEI-05-01-00030, issued 12/02)

Psychosocial Services in Skilled Nursing Facilities (OEI-02-01-00610, issued 03/03)

Nursing Home Medical Directors Survey (OEI-06-99-00300, issued 2/03)

Quality Assurance Committees in Nursing Homes (OEI-01-01-00090, issued 1/03)

To view these and other reports, go to the OIG's Office of Evaluation and Inspections' web site at <http://www.oig.hhs.gov/oei/oeisearch.html>.